

Periscope.

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EXCERPTS FROM GERMAN JOURNALS.

BY FREDERICK PETERSON.

TUMORS IN THE REGION OF THE CORPORA QUADRIGEMINA.

Prof. H. Nothnagel writes upon this subject in the Wiener med. Presse, 1889, No. 3, basing his study upon ten cases collected by Bernhardt and four of his own. The first case described is as follows:

A boy, aged fifteen, fell from a tree, in 1885, and was unconscious and confined to bed for a short time. After a little he began to be unsteady in his gait and often fell to the floor. In the winter of 1886-1887 he suffered from severe headaches, pain in the eyes, nausea, and vomiting; later, optic atrophy, complete amaurosis, dizziness, and some deafness, the last due to chronic catarrh of the middle ear. Two symptoms especially were of value for diagnosis: first, a well-marked ataxia (*Duchenne's titubation cerebellens*); and secondly, the rigidity of the bulbi, whose movements were limited, particularly upward and to the left, more on the left than on the right side (there was paresis of the third and sixth nerves). The pupils were equal, their reaction sluggish. The diagnosis of tumor of the corpora quadrigemina with consecutive hydrocephalus was corroborated by autopsy. It was a papillary epithelial tumor, springing probably from the choroid plexus.

In the ten cases collected by Bernhardt was also one of his own, and since then he had observed three others.

Sensibility to light and vision, the reflex centre for the iris and the movements of the eye, some relation to general sensibility, blood pressure, vasomotor nerves, or corporeal equilibrium, all these had been at various times by various authors, located in the quadrigeminal bodies. Clinical features were often complicated by hydrocephalus, effects on distant or neighboring parts, etc. Hence, the author lays stress upon ataxia and paralysis of the ocular nerves as the chief factors in making a diagnosis. In almost all the cases there was the uncertain staggering gait. In three of his cases, all due to trauma, ataxia was the first symptom.

This could not be due to hydrocephalus, because the hydrocephalus only made itself evident sometime after the development of the ataxia. Pressure upon the cerebellum, or upon the crura cerebelli ad pontem did not seem to be a sufficient cause for the ataxia, since there were cases where the cerebellum was not affected, and yet ataxia was the initial symptom. This symptom seemed chiefly due to a disturbed function in the posterior quadrigeminal pair, since Gowers had described a case without ataxia in which only the anterior pair were affected. The ataxia is precisely like every other cerebral ataxia, such as that of drunkenness, and hence is not pathognomonic of quadrigeminal tumors.

The disturbances of vision, blindness, etc., depends chiefly upon choked discs, neuritis, optic atrophy, and hence nothing can be deduced from them as regards any direct relation to these bodies.

Kohts observed a boy with a posterior quadrigeminal tumor, who first presented a staggering gait, and only shortly before death slight visual disturbance. Paralysis of the ocular nerves was observed by Prof. Nothnagel in all of his cases; the bulbi were more or less immovable. The division of the paralysis was unequal, sometimes one part being more affected than another, or one eye more than another. In most of the cases, besides the third nerve, the fourth and sixth were also included in the injury. Such paralysis appearing in association with ataxia must lead one to think of a quadrigeminal tumor, since the nuclei are so closely aggregated in this region.

In one of the author's cases there was a tumor the size of a hazel nut, limited to the quadrigeminal bodies, including little injury to parts about the aqueduct of Sylvius, and leaving all other parts unaffected. This patient had no paralysis of ocular muscle, and presented a nystagmus only after several years. The nystagmus was probably due to slight irritation of the nuclei.

The localization of a tumor in the quadrigeminal region is to be based upon a combination of cerebral ataxia and simultaneous paralysis of ocular muscles on both sides in varying number and intensity. Hydrocephalus may also be associated. The diagnosis would remain the same even if, after the development of the above-named symptom, a hemiparesis, or hemianesthesia should also be added, since the latter would merely be symptoms of pressure upon the pedunculus.

A CASE OF TUMOR OF THE PINEAL GLAND.

In the Neurologisches Centralblatt, May 15, 1889, Dr. Eugen Kny describes a case of tumor limited to the pineal gland, adding a ninth to the seven collected by Schulz (same periodical, 1886, No. 19), and the one reported by Daly ("Brain," July, 1887). The clinical history is briefly as follows:

J. H., aged thirty-two, suddenly began, in the spring of 1881, to have sharp pain in the occipital region, spreading in a year over both parietal and frontal regions. Since July, 1882, continual tinnitus aurium, and painful throbbing in the head. Later vertigo, blackness before the eyes, general tremor and periods of dimness of consciousness; gradually diminished vision. Feb. 1, 1883, choked discs, complete blindness in the right eye, light perceptible in the left.

August, 1884: Epileptiform convulsions. Dribbling of urine.

Nov., 1884: Nystagmus. Slowness of speech. Occipital pain continually.

May, 1885: Gradual weakening of the intelligence.

Nov., 1885: Strabismus divergens. Great tendency to fall backwards. No paresis. Anosmia. Cutaneous sensibility normal. In the last months of his life, dementia, soiling and wetting the bed. Wide rigid pupils. Bulbi peculiarly rigid, protruding, diverging. Epileptiform attacks.

Aug. 28, 1886: Death, with sudden sopor and rising of temperature to over 40° C.

Autopsy by von Recklinghausen: A lobular round-celled sarcoma of the pineal gland the size of a walnut. The corpora quadrigemina were not connected with the tumor, but flattened in front and pressed backwards.

PATHOLOGICAL FINDINGS IN A CASE OF TRAUMATIC NEUROSES.

Drs. Sperling and Kronthal (Neurolog. Centralb., June 1-15, 1889) give the clinical history and result of autopsy in a case of traumatic neurosis, which are condensed briefly as follows:

A man, aged forty-two, was so badly shaken up in a railway collision, in 1884, that he lost consciousness for a short time. A physician examined him and found bruises over his temple and abdomen. The patient complained only of a general feeling of fatigue. Within a few weeks a variety of inconstant symptoms appeared: there was psychic depression, apathy, irritability. He was easily startled by noises of passing trains, which would cause precordial pain